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OBJECTIVES: Non-adherence to a prescribed therapeutic program is an issue in the treatment of chronic diseases more so for asthma, in which the lack of symptoms may be interpreted as remission and beliefs about inhaled corticosteroid (ICS) could also result in non-adherence. The objective of the study was to analyse the self-reported adherence to ICS therapy and beliefs about medicine. **METHODS:** Adult patients previously diagnosed with asthma and who were prescribed ICS, visiting emergency room of a tertiary care public chest hospital for asthma exacerbation were recruited (March 2008–December 2009). Patients completed self-reported questionnaire containing 49 questions on six domains: socio-demographic, clinical profile, causal belief, self-report on adherence, beliefs about medicines and medication adherence report scale (MARS) after stabilization. **RESULTS:** Of the 200 patients, 51.5% were between 30–40 years, 64% were female, mean duration of asthma was 10.5 ± 8.1 years and 51.5% were having severe asthma. Salient findings on self-report adherence were, 49% reported that they took ICS even if asymptomatic; 91% reported that they forgot to take their ICS some or most of the times; 84% reported that they avoided ICS some of the times. In response to individual item for MARS, 15.5% claimed that they took ICS as prescribed. Significant positive correlation was observed between treatment necessity and reported adherence ($r=0.445$, $p < 0.001$). Patients who were concerned for the potential effects and risk of dependence had low adherence with significantly negative correlation. Younger age group had a significant correlation with social inhibition and female gender correlated significantly with fear of adverse effects and social inhibition as the cause for avoiding ICS. **CONCLUSIONS:** The findings support the model of treatment adherence, which incorporated beliefs about treatment as well as illness perceptions. The necessary-concerns offer a potentially useful framework to help clinicians elicits key treatment beliefs influencing adherence to ICS.

PRS7

THE EFFECT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) ON HEALTH STATUS IN URBAN CHINA

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OBJECTIVES: The prevalence of COPD in China has been estimated at approximately 8%, with only a third of patients receiving a diagnosis. The overall prevalence it is expected to rise considerably. The aim of this study was to quantify the burden associated with this condition in urban China. **METHODS:** Data from the 2010 China National Health and Wellness Survey (NHWS) were used ($N=19,954$). The NHWS is a self-reported survey administered to the adult population of urban China using a mixed methodology. Respondents with varying levels of self-reported COPD severity (mild or moderate/severe) were compared with those who did not report a COPD diagnosis on health status (using the SF-12v2 instrument). Regression modeling controlled for demographics (age, gender, education), health behaviors (smoking status, exercise behavior, alcohol use), and comorbidities (BMI level and Charlson comorbidity index). **RESULTS:** A total of 890 patients reported a diagnosis of COPD (4.46%). Most patients reported their condition as mild ($n=697$; 78.31%) with the remaining patients reporting their condition as either moderate or severe ($n=193$; 21.69%). Even after adjusting for covariates, patients with moderate/severe COPD reported significantly worse mean mental (44.90 vs. 46.26) and physical (47.26 vs. 49.59) component summary scores compared with those without COPD ($p < .05$). Similarly, patients with moderate/severe COPD reported significantly worse health state utilities compared with those without COPD (0.68 vs. 0.71). No health status differences were observed between those with mild COPD and those without COPD. **CONCLUSIONS:** The results suggest a significant burden among those who reported a diagnosis of COPD in urban China. As the prevalence of COPD continues to rise, a greater emphasis on disease management could result in an improvement in health status.

PRS8

THE EFFECT OF ASTHMA ON HEALTH STATUS, WORK PRODUCTIVITY, AND HEALTH CARE RESOURCE USE IN URBAN CHINA

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OBJECTIVES: Although the prevalence of asthma in China has been estimated between 1–2%, it is expected to rise considerably. The aim of this study was to quantify the burden associated with the condition in urban China. **METHODS:** Data from the 2010 China National Health and Wellness Survey (NHWS) was used ($N=19,954$). The NHWS is a self-reported survey administered to the adult population of urban China using a mixed methodology. Respondents who reported that they had been diagnosed with asthma were compared with those who had not on health status (using the SF-12v2), work productivity (using the WPAl) and self-reported health care resource use in the past six months. Regression modeling controlled for demographics, health behaviors, and comorbidities. **RESULTS:** A total of 326 patients reported a diagnosis of asthma (1.63%). Even after adjusting for covariates, patients with asthma reported significantly worse mean mental (42.63 vs. 46.30) and physical (45.52 vs. 49.63) component summary scores ($p < .05$). Health state utilities were also significantly worse (0.66 vs. 0.71, $p < .05$). Patients with asthma reported significant greater impairments at work, including more absenteeism (10.39% vs. 4.42%), presenteeism (31.31% vs. 19.81%), and overall work impairment (36.63% vs. 22.26%). The number of provider visits (2.52 vs. 1.49), emergency room (ER) visits (0.83 vs. 0.25), and hospitalizations (0.27 vs. 0.07) were all

significantly higher among those with a diagnosis of asthma in the past six months.

CONCLUSIONS: The results suggest a significant burden among those who reported a diagnosis of asthma in urban China. As the prevalence of asthma continues to rise, a greater emphasis on disease management could result in a large improvement in health outcomes.

PRS9

COMPARISON OF KNOWLEDGE ABOUT TUBERCULOSIS AMONG LIBYAN AND NON LIBYAN TB PATIENTS IN NORTH EAST LIBYA

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OBJECTIVES: To compare knowledge towards etiology, transmission, risk factor, diagnosis, treatment and prevention of Tuberculosis (TB) among Libyan and non Libyan TB patients. **METHODS:** A cross sectional, descriptive study was undertaken with all registered TB patients from two hospitals in North East Libya. Knowledge towards TB was assessed by using a pre validated questionnaire which included respondent's demographics, general knowledge, transmission, diagnosis, risk factors, treatment and prevention of TB. Descriptive analysis was used for elaborating participants' demographic characteristics. Mean scores were taken into account for the assessment of knowledge. Mann-Whitney test was used for comparison among study groups. All analyses were performed using SPSS v. 17.0. **RESULTS:** Out of 140 TB patients 92 (65.7%) were Libyans while 48 (34.3%) were non Libyans. Majority ($n=89$, 63.6%) of TB patients fall in age group between 20–40 years with mean age of 36.14 ± 11.2 . Ninety two (65.7%) were males with majority 75 (53%) having intermediate level of education and average monthly income between 200–400 Libyan Dinar ($n=73$, 52.1%). Ninety (64.3%) had urban residency. Mean knowledge score for Libyan TB was 12.26 ± 4.3 (out of 23) while Non Libyan TB patients scored 7.85 ± 4.8 (out of 23). The overall mean knowledge score among all TB patients, however, was 10.75 ± 4.9 . Statistical significance difference was observed between the mean knowledge scores of Libyan and Non-Libyan TB patients ($P < 0.001$). **CONCLUSIONS:** The present study findings reflect that overall level of knowledge among study respondents was low. Moreover, Libyan TB patients scored better as compared to their counter parts. Further investigation using a regression model is advisable to highlight factors affecting knowledge among TB population in Libya. This will help in designing a health educational campaign for all TB patients in Libya.

PRS10

ASSESSMENT OF KNOWLEDGE REGARDING TUBERCULOSIS AMONG GENERAL POPULATION IN NORTH EAST LIBYA

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OBJECTIVES: To assess the level of Tuberculosis (TB) related knowledge among general public in North East Libya. **METHODS:** A cross sectional study was undertaken in 2009. A pre-validated questionnaire consisting of 23 items was sent to 1500 residents among five cities in North East Libya. In addition to the demographic details, the survey instrument was designed to collect information relating to transmission, diagnosis, risk factors, treatment and prevention of TB. All data was analyzed using SPSS version 16.0. Descriptive analysis was used to present demographic data. Inferential statistics (Chi-square test and one-way ANOVA) were used whenever appropriate. P value of less than 0.05 was considered as significant. **RESULTS:** Majority of the respondents ($n=965$, 96.5%) have heard about TB. Television ($n=447$, 44.7%), health workers ($n=242$, 24%) and family members ($n=189$, 19%) were the main sources of knowledge regarding TB. Libyans ($n=883$, 88.3%) dominated the cohort, however the gender distribution was equal ($n=500$, 50%) for males and females. The overall knowledge towards TB among general population was measured as low. Mean knowledge score was 11.4 ± 3.9 which was significantly higher among Libyans (11.7 ± 3.8) than non Libyans (9.7 ± 4.7 , $t=26.13$) ($P < 0.001$). In addition, respondents with tertiary education had significantly higher knowledge scores (11.8 ± 3.5) compared to those of intermediate (11.6 ± 4.4) and illiterate (7.7 ± 5.5), [$F=19.34$, $P=0.001$]. **CONCLUSIONS:** This study reveals that knowledge towards TB within the population is poor. It is therefore suggested that specialized educational programs should be developed for community members to promote awareness towards TB.

PRS11

ASSESSMENT OF KNOWLEDGE ABOUT TUBERCULOSIS AMONG LIBYAN AND NON LIBYAN POPULATIONS IN NORTH EAST LIBYA

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OBJECTIVES: To assess the knowledge of Libyan and non Libyan populations residing in North East Libya with regards to the etiology, transmission, risk factor, diagnosis, treatment and prevention of Tuberculosis (TB). **METHODS:** A cross sectional study was undertaken in 2009. A pre-validated questionnaire was sent to 1500 residents residing in five cities of North East Libya. Questionnaire included respondent's demographics, general knowledge, transmission, diagnosis, risk factors, treatment and prevention of TB. All data was analyzed using SPSS version 17. Chi-square and one-way ANOVA were used whenever appropriate. P value less